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## \*BIBDATASHEET\*

CONFIRMATION NO. 5980

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/762,945	<b>FILING OR 371(c) DATE</b> 01/22/2004 <b>RULE</b>	<b>CLASS</b> <del>424</del> 442	<b>GROUP ART UNIT</b> <del>1615</del> 1721	<b>ATTORNEY DOCKET NO.</b> PGI6044P1251US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*DS* This appln claims benefit of 60/442,090 01/23/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>WJ</i> Examiner's Signature Initials				

## ADDRESS

32116

## TITLE

Anti-microbial nonwoven wipe

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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